



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

**STEVEN AFRIAT**  
*PRESIDENT*

**RENÉE CAMPBELL**  
*VICE-PRESIDENT*

**SARA VASQUEZ**  
*SECRETARY*

**JAMES BARGER**  
*COMMISSIONER*

**SHAN LEE**  
*COMMISSIONER*

March 1, 2012

Jialai Cao  
Qianlixing Acupuncture Clinic  
19073-75 E. Colima Rd.  
Rowland Heights, CA 91748

### **HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138808**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 14, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Lupe Duron  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....SAN GABRIEL VALLEY TRIBUNE**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....02/16/2012**  
**2<sup>ND</sup> PUBLISHING DATE:.....02/23/2012**  
**3<sup>RD</sup> PUBLISHING DATE:.....03/01/2012**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**MASSAGE PARLOR-GENERAL**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....19073-75 COLIMA RD**  
**NAME OF APPLICANT:.....ROWLAND HEIGHTS, CA 91748**  
**SH CAO'S INTERNATIONAL ENTERPRISE**  
**JIALAI CAO**  
**QIANLIXING ACUPUNCTURE CLINIC**  
**DATE OF HEARING:.....03/14/2012**  
**TIME OF HEARING:.....09:00 A.M.**

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO"**

**OFFICE OF THE COMMISSION:**

**OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM 374  
LOS ANGELES, CA 90012**

**RETURN TO:**

**LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **19073 -75 COLIMA RD, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: **(626) 407-1371**

OWNER OF BUSINESS: **JIALAI CAO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **QIANLIXING ACUPUNCTURE CLINIC**

MAILING ADDRESS: **19073 -75 E COLIMA RD, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/01/12	
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/20/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	11/02/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/12/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/30/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	02/16/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/12/11	

Conditions: --ALL MASSAGE THERAPISTS/PRACTITIONERS EMPLOYED AT THE SUBJECT BUSINESS SHALL OBTAIN AND MAINTAIN VALID CERTIFICATION FROM THE CALIFORNIA MASSAGE THERAPY COUNCIL PURSUANT TO CALIFORNIA BUSINESS AND PROFESSIONS.

BASIC LICENSE NO. **5910**

DATE **02/09/12**

IDENTIFICATION NUMBER **138808**





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 138808

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor S910</u>	Address of Business: <u>19073 - 19075 F. COLIMA RD. ROWLAND HEIGHTS</u>	
DBA (Business Name): <u>QIAN LIXING ACUPUNCTURE CLINIC</u>	Business Telephone: <u>626-4407-1371</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: <u>SAME AS ABOVE</u>	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>8/24/2010</u>	Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name: <u>S.H. CAO'S INTERNATIONAL ENTERPRISE, INC.</u>		
Names of Officers	Addresses	Titles
<u>CAO JIALAI</u>	<u>2887 MANAGUA PL.</u> <u>HACIENDA HEIGHTS, CA 91745</u>	<u>OWNER</u>

APPLICANT INFORMATION

Applicant's Full Name: JIALAI CAO

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8/29/2011 Applicant's Signature: Ji Li Cao  
Application taken by: DMB Date: 8/29/2011

CR

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE SECTION  
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR, ROOM 1360  
LOS ANGELES, CALIFORNIA 90012  
(213) 974-6438

FROM: BUSINESS LICENSE SECTION  
225 NORTH HILL STREET ROOM 109  
LOS ANGELES, CALIFORNIA 90012  
TELEPHONE: (213) 974-2011  
FAX: (213) 633-5467

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: Aug 10, 2011

ID#: \_\_\_\_\_

RBUS#: 201100281

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 19073-19075 Colima Road 19035 Colima RD  
CITY: Rowland Heights CA (91748) APN#: APN# 8761-014-022

NAME OF OWNER: Cao, JIALAI PHONE#: \_\_\_\_\_

D.B.A./NAME OF BUSINESS: SH, Cao's CELL PHONE#: Litian 626-407-1371

MAILING ADDRESS: Same As Above

e-mail ADDRESS: \_\_\_\_\_

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: Approved  
(indicate approved or denied)

REMARKS: Approved per RZCR 201000665. Must comply with attached conditions.

PLANNER SIGNATURE: Christine Robertson PRINT NAME: Christine Robertson

DATE: 8-22-2011





Los Angeles County  
Department of Regional Planning

*Planning for the Challenges Ahead*



Richard J.  
Bruckner  
Director of Planning

**Massage Parlor/Technician Business License Referral Certification Verification**  
Pursuant to California Business and Professions Code § 4600 et seq

**Business Address:** 19073-19075 E. COLIMA RD. ROWLAND HEIGHTS CA 91746  
**Business Name:** SH. CAO'S  
**Owner/Operator:** JIA LAI CAO.  
**Type of Business License:** Massage Parlor

This approval is not a permit, grant or license to operate. The business may not operate unless and until an approved business license is issued by the Los Angeles County Department of the Treasurer and Tax Collector Business License Section.

Under penalty of perjury I, the owner/operator of the subject business, certify that:

1. All massage therapists/practitioners employed at the subject business shall obtain and maintain valid certification from the California Massage Therapy Council (CAMTC) pursuant to California Business and Professions Code § 4600 et seq.
2. Certification for all therapists/practitioners currently hired at the business are attached.
3. Certification for all new hires shall be submitted to the Department of Regional Planning within 30 days of hire.
4. Certification for all therapists must be readily available at the business site and provided upon request by the Department of Regional Planning.
5. The failure to provide proof of certification for all therapists/practitioners may result in the revocation of the business license referral approval. A Conditional Use Permit, Zone Change and/or other types of applications and/or requirements may be necessary to conduct massage.

Signature: Jia Lai Cao Date: 8-10-11  
(ORIGINAL SIGNATURE IN BLUE INK)

Sep-19-2011 02:39pm  
Sep-15-2011 02:50pm

From-LACOFD FIRE MARSHAL  
From-LACOFD FIRE MARSHAL

3238904055  
3238904055

T-551 P.012/015 F-725  
T-545 P.007/009 F-713

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

ep1

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19073 -75 COLIMA RD, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: JIALAI CAO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: QIANLENG ACUPUNCTURE CLINIC

MAILING ADDRESS: 19073 -75 E COLIMA RD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

#138808

**FIRE DEPARTMENT  
LA COUNTY**

County of Los Angeles Fire Dept.  
Approved Pending ☐ Field Inspection  
APPROVAL

|| DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: 

DATE: 9/19/11

BASIC LICENSE NO 5010

DATE REBORN

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

9/7/11  
54  
91-14 8761 014 022 ✓  
Col.

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19073 -75 COLIMA RD, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: JIALAI CAO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: QIANLIXING ACUPUNCTURE CLINIC

MAILING ADDRESS: 19073 -75 E COLIMA RD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved for Foot massage  
only - due to lack of Shower/bath tub  
Section 103.205-Massage Ord. #171994 (d) Operating Reg.

SIGNATURE:

*Robert Brubaker*

DATE:

10-4-11

BASIC LICENSE NO. 5910

DATE 08/30/11

IDENTIFICATION NUMBER 138808



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

*B*  
*Ben*  
911-01192

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19073 -75 COLIMA RD, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: JIALAI CAO

*Lillian*  
*9 AM*

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: QIANLIXING ACUPUNCTURE CLINIC

MAILING ADDRESS: 19073 -75 E COLIMA RD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT  
LA COUNTY

*X* APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE:

*B. Garcia*

DATE:

*12-12-11*

BASIC LICENSE NO. 5910

DATE 08/30/11

IDENTIFICATION NUMBER 138808

*RF*

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19073 -75 COLIMA RD, ROWLAND HEIGHTS, CA 91748

TELEPHONE: (626) 407-1371

OWNER OF BUSINESS: JIALAI CAO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: QIANLIXING ACUPUNCTURE CLINIC

MAILING ADDRESS: 19073 -75 E COLIMA RD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY  
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: NONE

SIGNATURE: [Signature]

DATE: 01/30/12

BASIC LICENSE NO. 5910

DATE 08/30/11

IDENTIFICATION NUMBER 138808

19073-75 Colima